

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS <div style="text-align: right; margin-right: 50px;">12M270319</div> <p>WENDEROTH, LIND & PONACK 805 15TH ST., N.W., STE. 700 WASHINGTON DC 20005</p>		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are enclosed	
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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/216,440	03/23/94	005	JORDAN, K 1205	03/19/97
First Named Applicant: ZHOU, YIQING				

TITLE OF INVENTION ANTIMALARIAL COMPOSITIONS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 418634ACCNC0	514-450.000	K87	UTILITY	NO	\$1290.00	06/19/97

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page , list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. <div style="text-align: right;"> WENDEROTH, LIND & PONACK 2 _____ 3 _____ </div>
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5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) (1) NAME OF ASSIGNEE: CIBA-GEIGY AG and Institute of Microbiology and Epidemiology, Academy of Military Medical Sciences Basle, Switzerland and Beijing, The Peoples' Republic of China (2) ADDRESS: (CITY & STATE OR COUNTRY)		6a. The following fees are enclosed: [CHECK NO. <u>24334</u>] <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER _____ (ENCLOSE A COPY OF THIS FORM) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input type="checkbox"/> Any Deficiencies in Enclosed Fees
A. <input type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input checked="" type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. <p><small>PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.</small></p>		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <u>Warren M. Cheek, Jr.</u> (Date) <u>6-19-97</u> NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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142-1290
142-1290

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1. CORRESPONDENCE ADDRESS

WENDEROTH, LIND & PONACK
805 15TH ST., N.W., STE. 700
WASHINGTON DC 20005

12M2/0319

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

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Patent Division
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First Named
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NO

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06/19/97

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WENDEROTH, LIND & PONACK

2 _____

3 _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: CIBA-GEIGY AG and
Institute of Microbiology and Epidemiology, Academy of
(2) ADDRESS: (CITY & STATE OR COUNTRY) Military Medical Sciences
Basle, Switzerland and Beijing, The Peoples' Republic
of China

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(Authorized Signature)

Warren M. Cheek, Jr. RAN 33367

(Date)

6-19-97

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